## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P01000092321  1. Entity Name CHEPSTOW MEWS, INC.					Secretary of State	
CHE 310	700 MIC 943, 1140.					
Principal Place of Business		Mailing Address				
1915 NE 45TH ST #101		1915 NE 45TH ST #101		1 122/1001 til sense men 2201 2200 2200 2200		
	DERDALE FL 33308	FORT LAUDERDALE	FL 33308			
2. Principal F	Place of Business	3. Mailing Address		T TEN LINGUE ELL METAL CINCO METAL METAL MARIA	( )	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E	034 (10/05)	
City & State		City & State		4. FEI Number 65-1143054	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Register	red Agent	
DZII 191	URGOT, ROBERT 5 NE 45TH ST		Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>	
101 FORT LAUDERDALE FL 33304					· · ·	
			City		Zip Code	
	named entity submits this statement follows of registered agent.	or the purpose of changing it	ts registered office or re	gistered agent, or both, in the State of Florida. I	am lamiliar with, and accep-	
SIGNATURE .	Signature, typed or printed name of registered agent	and tito if applicable (NC	TE: Registered Agent signature of	ecuried when remalative)		
· . F	ILE NOW!!! FEE IS \$150.00	,,,• <u>•</u>		<del></del>		
After	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o	f State		Election Campargn Fin     Trust Fund Contribution		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE		Change Addison	
NAME STREET ADDRESS	DZIURGOT, ROBERT 1915 NE 45TH ST #101		HAME STREET ADDRESS	U00080 <b>4</b> 9	1985	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP	04/19/06-80	041-022 150.00	
TITLE		☐ Delete	TITLE		Change Adm	
HAME			NAME			
STREET ADDRESS			STREET ADDRESS			
City-St-ZiP			GITY-ST-ZIP		CT (Name of AddWo	
TITLE NAME		∐ Delete	NAME		Change 🔲 Adeltica	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		
TITLE NAME		☐ Delete	TITLE		Change Addition	
STREET ADDRESS			name Street address			
CHTY-ST-ZIP			CITY -ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST- ZIP			
HRLE		☐ Defete	THILE		Change Addition	
NAME			NAME			
STREET ADDRESS CATY-ST-ZAP			STREET ADDRESS			
	portify that the information aventice a mile	h this filing does not as a set	CITY-ST-ZIP	stoined in Caption 130 Florida Ctabutar 15 other	and the that the inferior	
indicated of the cor if change	on this report or supplemental report is poration or the receiver or trustee emp d, or on an attachment with an address	s true and accurate and that cowered to execute this repose, with all other like empowers,	my signature shall have ort as required by Chapt ared.	ntained in Section 119, Florida Statutes. I further a the same legal effect as if made under oath; the ter 607, Florida Statutes, and that my name appoint.	at I am an officer or director ears in Block 10 or Block 11	
SIGNAT	n det	AS	ZIURGET	f ,		

**FILED** 

04/01/06